TREAT & PROCESS

State of North Carolina

Department of Environment and Natural Resources Division of Waste Management

TREATMENT & PROCESSING FACILITY

Facility Annual Report
For the period of July 1, 2012-June 30, 2013

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: OmniSource Southeast	Permit: 3420-INDUS-2005						
Facility Website (URL): omnisource.com							
Physical Address	Mailing Address						
Street 1: 1426 West Mountain St	Street 1: PO Box 608						
Street 2:	Street 2:						
City: Kernersville County: Forsyth	City: Kernersville						
State: North Carolina Zip: 27284	State: North Carolina Zip: 27285-0608						
Primary Facility Contact Person	Billing Contact Person						
Name: James Winegar	Name: James Winegar						
Phone: (919) 796-3023 Fax: (919) 989-3462	Phone: (919) 796-3023 Fax: (919) 989-3462						
Email: jwinegar@omnisourcese.com	Email: jwinegar@omnisourcese.com						
☐ Industrial Waste ☐ Yard Wa	aring and inert debris (LCID) aste ald Hazardous Waste						
☐ Grinding, composting or mulching ☐ Medical Waste treatment ☐ Incineration ☐ Recycling/Reuse Collection (if yes, indicate materials collected ☐ Paper tons ☐ Cardboard tons ☐ Wood tons ☐ HDPE (#2) Plastic tons							
5. Indicate the type and quantity of material from recycling or recovery operat Cardboard-2 tons, etc.).	ions stockpiled on-site as of June 30, 2013 (e.g. Wood-3 tons, Metal-5 tons,						

30, 2013 equaling approximately 8,685 tons.

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Approximately 750 tons of metal is currently stockpiled from reclamation operations, with total material recovered from July 1, 2012 to June

6. Total waste received at this facility <u>during the period of July 1, 2012 through June 30, 2013</u>. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, treatment and processing, or mixed waste processing facility indicate the COUNTY LOCATION OF THE FACILITY. Please list ALL counties from which you received waste. Please indicate COUNTY and STATE, if received from another state.

Received from	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
	0	0	0	0	0	0	0	0	0	0	0	0	0
													-
													-
											+		1
												nd Total	<u> </u>

7. Indicate the facility(s) that received your facility's <u>non-recycled</u> waste material:

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
OmniSource SE, 3420-INDUS-2005, Kernersville, NC (un-recyclable material returned to landfill)	Other	158,806
	TOTAL	158,806.00

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the <u>Regional Environmental Senior Specialist</u> for your area and a copy of this report must be sent to the <u>County Manager of each county from which waste was received</u>

Please return your completed report to:

C.T. Gerstell

610 East Center Avenue

Mooresville, NC 28115

waste was received.			phone: 704.235.2144 email: C	phone: 704.235.2144 email: Charles.Gerstell@ncdenr.gov				
CERTIFICATION	: I certify that the infor	mation provided	is an accurate representation of the ac	ctivity at t	his facility.			
Signature: James Winegar DN: cn=James Wine			gned by James Winegar mes Winegar, o=OSE, ou, email=jwinegar@omnisourcese.com, c=US 07.23 10:26:56-04'00'	Date:	Jul 23, 2013			
Name: James Winegar			Title: Environmental	Manager				
Phone Number:	(919) 796-3023	Email: jwi	negar@omnisourcese.com					
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